

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2403706
<b>Decision Date:</b>	06/07/2024	<b>Hearing Date:</b>	04/11/2024
<b>Hearing Officer:</b>	Kimberly Scanlon	<b>Record Open to:</b>	04/17/2024

**Appearance for Appellant:**  
*Via videoconference*



**Appearance for MassHealth:**  
*Via videoconference*  
Tiffany Castellanos – Charlestown MEC



*The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street, Quincy, Massachusetts 02171*

## APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility; Over 65; Over income
<b>Decision Date:</b>	06/07/2024	<b>Hearing Date:</b>	04/11/2024
<b>MassHealth's Rep.:</b>	Tiffany Castellanos	<b>Appellant's Rep.:</b>	██████
<b>Hearing Location:</b>	Charlestown MassHealth Enrollment Center - Room 1 (Remote)	<b>Aid Pending:</b>	No

### Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

### Jurisdiction

Through a notice dated January 12, 2024, MassHealth notified the appellant that she does not qualify for MassHealth benefits because MassHealth determined that her income is over the allowable limit (Exhibit 1). The notice further informed the appellant that she is eligible for coverage through the Health Safety Net (HSN). *Id.* The appellant filed this appeal in a timely manner on March 7, 2024 (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth notified the appellant that she does not qualify for MassHealth benefits.

## Issue

The appeal issue is whether MassHealth was correct in determining that the appellant does not qualify for MassHealth benefits.

## Summary of Evidence

The MassHealth representative and the appellant appeared at the hearing telephonically. Testimony at hearing and documentation received after the hearing establish the following chronology: The appellant is over the age of 65 and resides in a household of two with her grandson (who is under the age of 19), as his guardian. The appellant previously received MassHealth Standard benefits through the Department of Transitional Assistance (DTA). The appellant's DTA benefits ended, and her case transitioned over to the MassHealth agency. The appellant's MassHealth benefits terminated in October 2023. In October of 2023, the appellant submitted a renewal application to MassHealth with additional documentation indicating that she is guardian of her grandson. After reviewing her application, MassHealth generated the January 12, 2024 denial notice under appeal (Exhibit 1). Currently, the appellant's gross monthly income (\$2,899.84) exceeds 133% of the federal poverty level (FPL) for a household of 2 (\$2,666). The appellant's income equates to 171.46% of the FPL for a household size of 2 (Exhibit 1, p. 2).

The appellant confirmed her gross monthly income of \$2,899.84 as follows: a pension of \$2,329.64 and a Social Security benefit of \$570.20. She testified that she cancelled her MassHealth coverage in October 2023 after receiving ill advice from Mass General regarding her hearing aids. The appellant explained that she was told that her MassHealth coverage would not be accepted. However, one week later, she was then told that MassHealth would cover her hearing aids. The appellant subsequently contacted MassHealth and stated that she changed her mind and would like to keep her case open. The appellant testified that she still receives cash assistance from DTA. The MassHealth representative responded and noted that MassHealth's computer system does not show that the appellant still receives DTA cash assistance.

The MassHealth representative testified that her computer system shows two (2) different identification numbers for the appellant and requested additional time to research the discrepancies. The record was left open until April 17, 2024 for the MassHealth representative to perform further research (Exhibit 5). The MassHealth representative subsequently notified all parties that the appellant's MassHealth benefit is coded as a "Cat 6," which means she originally had coverage through DTA but was transitioned over to the MassHealth agency. When a member's DTA benefits end, the member is eligible to receive MassHealth benefits for approximately 4 months thereafter, or until MassHealth receives a renewal application from the member. Here, the appellant's DTA benefits ended on September 16, 2022 and she therefore transitioned over to MassHealth as a "Cat 6" on September 17, 2022. As noted above, the appellant cancelled her benefits in October 2023 but upon realizing that this was an error, she

reapplied that same month. The MassHealth representative noted that based on the information provided by the appellant, she does not qualify for MassHealth benefits because her income is over the allowable income limit (Exhibit 6, p. 3). The appellant qualifies for coverage through the Health Safety Net. *Id.*<sup>1</sup>

## Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. The appellant is over the age of 65 and is the caretaker for her minor grandson.
2. The appellant previously received MassHealth coverage through DTA.
3. In September 2022, the appellant's DTA benefits ended and her MassHealth coverage transitioned over to the MassHealth agency.
4. In October 2023, the appellant's MassHealth benefits terminated.
5. In October 2023, the appellant filed a MassHealth renewal application.
6. The appellant's verified gross monthly income totals \$2,899.84, or 171.46% of the FPL for a household of 2.
7. On January 12, 2024, MassHealth notified the appellant that she does not qualify for MassHealth benefits because MassHealth determined that she was over the allowable income limit.
8. The appellant timely appealed this MassHealth action.

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<sup>1</sup> The appellant stated that she had requested her MassHealth case file on several occasions but did not receive it. The MassHealth representative advised the appellant to contact the representative directly.

## Analysis and Conclusions of Law

The issue in this case is whether the appellant currently qualifies for a MassHealth coverage type. Hearing testimony established that the appellant previously received EAEDC or TAFDC benefits through DTA. The regulations regarding eligibility for EAEDC recipients provide in part as follows:

### Eligibility Requirements for Certain EAEDC Recipients.

(1) Eligibility Requirements. Certain EAEDC recipients are eligible for MassHealth Standard if

(a) the individual is

1. a child and is a citizen as defined in 130 CMR 504.002: U.S. Citizens or a lawfully present immigrant as defined in 130 CMR 504.003(A): Lawfully Present Immigrants;
2. the individual is a young adult and is a citizen as defined in 130 CMR 504.002: U.S. Citizens or a lawfully present immigrant as defined in 130 CMR 504.003(A): Lawfully Present Immigrants;
3. the individual is a parent or caretaker relative and is a citizen as defined in 130 CMR 504.002: U.S. Citizens or a qualified noncitizen as defined in 130 CMR 504.003(A)(1): Qualified Noncitizens; and

(b) the individual receives EAEDC cash assistance.

(2) Eligibility End Date. Individuals whose EAEDC cash assistance terminates and who are determined to be potentially eligible for MassHealth continue to receive medical benefits under MassHealth Standard until a determination of ineligibility is made by MassHealth.

(130 CMR 505.002(K)).

The appellant's EAEDC or TAFDC benefits through DTA terminated in September, 2022 and her MassHealth Standard through DTA terminated as a result.<sup>2</sup> The appellant's case was sent to MassHealth for review pursuant to 130 CMR 505.002(K). Once the appellant's DTA benefits ended, she continued to receive MassHealth benefits per the following regulation:

### Extended Eligibility.

(1) Members of an EAEDC or TAFDC household whose cash assistance terminates continue to receive four months of MassHealth Standard coverage

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<sup>2</sup> The MassHealth computer system records are not consistent with the appellant's testimony that she still receives cash assistance through DTA. Because the appellant did not present any evidence (other than her testimony), I find MassHealth's evidence, though its computer system, to be more reliable on this point.

- beginning in the month the household became ineligible if they are
- (a) terminated from EAEDC or TAFDC and are determined to be potentially eligible for MassHealth; or
  - (b) terminated from TAFDC because of receipt of or an increase in spousal or child support payments.

(130 CMR 505.002(L)(1)).

Pursuant to 130 CMR 505.002(L)(1), the appellant's MassHealth Standard remains open for four months from the month of termination, to allow MassHealth to review for eligibility under MassHealth regulations. The appellant's Category 6 MassHealth case remained open for much longer than 4 months, perhaps due to the Covid 19 Public Health Emergency (PHE) protections in place in 2022. In October 2023, MassHealth reviewed the appellant's categorical and financial eligibility pursuant to MassHealth regulations. Those regulations provide as follows:

Eligibility Requirements for Parents and Caretaker Relatives.

(1) A parent or caretaker relative of a child younger than 19 years old is eligible for MassHealth Standard coverage if

- (a) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level (FPL);
- (b) the individual is a citizen as described at 130 CMR 504.002: U.S. Citizens or a qualified noncitizen as described in 130 CMR 504.003(A)(1): Qualified Noncitizens; and
- (c)
  - 1. the parent lives with their children, and assumes primary responsibility for the child's care, in the case of a parent who is separated or divorced, has custody of their children, or has children who are absent from home to attend school; or
  - 2. the caretaker relative lives with children to whom they are related by blood, adoption, or marriage (including stepsiblings), or is a spouse or former spouse of one of those relatives, and assumes primary responsibility for the child's care if neither parent lives in the home.

(2) The parent or caretaker relative complies with 130 CMR 505.002(M).

(130 CMR 505.002(C)).

Here, the appellant's income is not in dispute and exceeds the income limits described above. MassHealth therefore correctly determined that the appellant is not financially eligible for MassHealth coverage at this time (130 CMR 505.002(C)).<sup>3</sup>

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<sup>3</sup> There is no evidence that the appellant meets the categorical requirements for any of the MassHealth coverage types that have higher income limits (130 CMR 505.002).

The appeal is denied.

## **Order for MassHealth**

None.

## **Notification of Your Right to Appeal to Court**

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

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Kimberly Scanlon  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129